

ASEX

# FAMILY IDENTIFICATION

CASE NUMBER

MO Date DY YR  
02-20-87

☒ NEW CSD CASE

☐ REOPEN

☐ UPDATE

☐ REFERRAL ON OPEN CASE

INFORMATION TAKEN BY

ASSIGNED WORKER

Reggy Buhaert BA

SEQ. NO.

TYPE

## REFERRAL INFORMATION

MO Date DY YR  
02-20-87

TIME

REFERRAL SOURCE CODE

AM

PM

AD

☐ PHONE ☐ OFFICE VISIT ☐ FIELD ☐ MAIL

HOME ADDRESS

BLD/APT.

LD/APT.

STREET

TREET

CITY

Laurel OR

ZIP

CITY

STATE

ZIP

PHONE

COUNTY

DIRECTIONS TO HOME

## CASE/FAMILY MEMBERS

P/L	LAST	FIRST	PRIME NUMBER	TRIBE
	Culver	Tania	CH1 F	
AKA				
AKA				
AKA				
AKA				
AKA				
AKA				

## OTHER SIGNIFICANT PERSONS

1.	NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP
2.				

## SPECIAL PROJECTS

☐ INDO-CHINESE

REFERRAL SOURCE CODE

AFS - AFS  
ANO - Anonymous  
CSD - CSD  
CLE - Clergy  
DAY - Day Care  
XSP - Ex-spouse  
FOS - Foster Parent  
FRI - Friend  
JUV - Juvenile Court  
MED - Medical  
NBR - Neighbor  
OTH - Other  
PRO - Other Professional  
PAR - Parent  
POL - Police  
PSY - Psychologist/Psychiatrist  
REL - Relative  
SEL - Self  
SCH - School  
SOC - Soc. Serv. Agency  
VIC - Victim

PERSON TYPE (P/T)

AD - Adult  
AP - Absent Parent  
CH - Child  
CT - Caretaker  
GN - Guardian

ETHNIC (ETH)

A - Asian  
B - Black  
H - Hispanic  
W - White  
U - Unknown  
I - Indian-Lat Tribe

RELATION TO CASE NAME (C-REL)

ANT - Aunt  
SEL - Case Name (Self)  
CHI - Child  
COU - Cousin  
XSP - Ex-Spouse  
GPA - Grandparent  
GCH - Grandchild  
INL - In-law  
LIV - Live-In Companion  
NEP - Nephew  
NIE - Niece  
NOR - No Relation  
PAR - Parent  
SIB - Sibling  
STC - Step Child  
STP - Step Parent  
SPO - Spouse  
UNC - Uncle  
UNK - Unknown

WHEREABOUTS (WHF)

I - In Home (Incl. Adoptive Home)  
A - Adopted  
D - Deceased  
H - Mental Hospital  
M - Military  
P - Penal Institution  
S - Substitute Care  
T - Juvenile Training School  
Z - Out of State  
C - Out of Country  
O - Out of Home - Other  
U - Unknown  
X - Other Hospital



## NATURE OF REFERRAL/REQUEST (Summary Only):

For Sexually abused Tania at age 10 - unknown whether still occurring. Tania reported abuse at St Vincent's in eating disorder program - not reported. Reporting began at Portland Adolescent in eating disorder program. Dad transports her to outpatient treatment.

ASSESSMENT (Attach Narration) MO 3 DY 02 YR 87 ADMIN. EXTENSION MO DY YR INITIAL CHECK IF ASSESSMENT ONLY ☐ BRIEF SERVICE MO 03 DY 09 YR 87 CASE CLOSE

## DISPOSITION (Summary Only):

Tania has seen by individual + family counselor. Next issue also being discussed - Harassment happened for six years.

REFERRED TO: On going therapy in eating disorder clinic

DATE CLIENT RECEIVED GRIEVANCE PROCEDURE NOTICE:

## PROTECTIVE SERVICES ONLY

- ☐ CHILD IN DANGER  
☐ PREVIOUS REPORT EXISTS

## REPORT DISPOSITION

- ☒ **REPORT VALID**  
Investigation has shown abuse/neglect occurred.
- ☐ **REPORT UNSUBSTANTIATED**  
Investigation has shown abuse/neglect occurred; cause or circumstance remain unknown or unclear.
- ☐ **REPORT INVALID**  
Investigation has shown abuse/neglect did not occur.

LEA NOTIFIED (Name) Leann Forman MO 10 DY 02 YR 87 AM PM  
FIRST CHILD CONTACT MO DY YR AM PM  
REMOVAL INITIATED: MO DY YR AM PM  
FIRST PARENT CONTACT: MO DY YR AM PM  
INVESTIGATION: ☐ LEA ☐ CSD ☐ TRIBAL COURT MO DY YR  
REPORTED BACK TO REFERRAL: MO DY YR

## FAMILY STRESS INDICATORS (Maximum 5)

- 01 ☐ Single parent 04 ☐ Heavy child care responsibility 07 ☐ Physical abuse of spouse/fighting 11 ☐ Social isolation 15 ☐ Suspected Developmental Disability  
02 ☐ Head of family unemployed 05 ☐ Suspected drug/alcohol abuse 08 ☐ Parental history of abuse as child 12 ☐ Other  
03 ☐ New baby/pregnancy 06 ☐ Parental involvement with LEA 09 ☐ Recent relocation 13 ☐ None  
10 ☐ Inadequate housing 14 ☐ Suspected Mental Illness

## ABUSE DESCRIPTION (record P/L's for each injury)

## PHYSICAL ABUSE

- 20 ☐ Head Injuries  
21 ☐ Injuries to bone, muscle, cartilage, ligaments  
23 ☐ Bruises/Cuts/Lacerations  
24 ☐ Internal Injuries  
25 ☐ Burns/Scalds  
26 ☐ Shock  
33 ☐ Poisoning (including addicted infant)  
27 ☐ Other Physical Abuse

## NEGLECT

- 30 ☐ Lack of Supervision and Protection  
31 ☐ Medical Neglect  
32 ☐ Failure to provide food, clothing  
71 ☐ Inadequate Shelter  
80 ☐ Desertion  
72 ☐ Other Neglect

## MENTAL INJURY

- 60 ☐ Scapegoating, Humiliation, Public Ridicule, Threats  
64 ☐ Exposure to violence  
65 ☐ Failure to foster parent/child attachment or bonding  
66 ☐ Sensory Deprivation, Binding, Restraints, etc.  
67 ☐ Deprivation of food/water and/or toilet facilities  
68 ☐ Pressure to perform beyond developmental capability  
69 ☐ Confusing Child's Sexual Identity  
73 ☐ Restriction of child's autonomy/learning  
63 ☐ Other Emotional Abuse

## FATALITY

- 50 ☐ Deceased

## ABANDONMENT

- 90 ☐ Abandonment

## SEXUAL ABUSE AND SEXUAL EXPLOITATION

- 40 ☐ Sexual Contact (rape, sodomy, incest, sexual penetration, etc.)  
42 ☒ Fondling (touching breasts, buttocks, genitals, etc.)  
43 ☐ Sexual harassment/intimidation pressuring children for future sexual purpose  
46 ☐ Exposure and Voyeurism  
46 ☐ Uses of children to produce pornography  
47 ☐ Allowing/Permitting Prostitution  
45 ☐ Other Sexual Abuse and Exploitation

## THREAT OF HARM

- 54 ☐ Physical Abuse  
55 ☐ Sexual Abuse/Exploitation  
56 ☐ Neglect  
57 ☐ Mental Injury

## ALLEGED PERPETRATOR DESCRIPTION

## CHILD (Victim)

P/L C Relation To Victim FAT Age 37 Sex M Ethnic W

## ALLEGED PERPETRATOR

## ALLEGED PERPETRATOR

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

Worker Signature \_\_\_\_\_

Date \_\_\_\_\_

## ALLEGED PERPETRATOR'S RELATIONSHIP TO VICTIM

MOT - Mother SFA - Steplather  
FAT - Father SMO - Stepmother  
BRO - Brother STS - Step-sibling  
SIS - Sister GRA - Grandfather

## GRM - Grandmother

UNC - Uncle  
ANT - Aunt  
REL - Other Relative  
EXL - Ex-Live-In Companion

LIV - Live-In Companion  
FPA - Foster Parent or Other Adult in Foster Home  
OCS - Other Child in Sub-care

BAB - Baby Sitter  
NFR - Neighbor/Friend  
UNK - Unknown Perpetrator  
OTH - Other

DCE - Day Care Center Employee  
IEM - Institution Employee  
RCE - Residential Care Employee  
TEA - Teacher  
VOL - Volunteer

\* Attach a separate sheet listing additional perpetrators if necessary.

Culver

2-20-87

prev hosp St Vincent's  
this year eating disorder  
Age 10 sexually abused  
by father

Disclosed to counseling  
staff in eating disorder  
Told her to bring it up in  
family therapy

Father transports her to  
therapy sessions

When did it stop -

"I don't know"

Counselor didn't ask

Brenda out until Tues

laid on top of her  
Rissed

also has reported a  
date rape at a prom -  
couldn't stop it from  
happening

no treatment<sup>2</sup> for anyone



# FAMILY IDENTIFICATION

CASE NUMBER

BB 98164

Mo Date Yr

☐ NEW CSD CASE ☐ REOPEN ☐ UPDATE ☐ REFERRAL ON OPEN CASE

INFORMATION TAKEN BY

Sharon Miller

ASSIGNED WORKER

WKID (ICMB)

## REFERRAL INFORMATION (ICMB)

SEQ. NO. 002	TYPE: <input type="radio"/> PREVENTIVE/RESTORATIVE (R) <input type="radio"/> SUBSTITUTE CARE (S) <input type="radio"/> OTHER (O)	<input checked="" type="radio"/> PROTECTIVE SERVICE (P): <input type="radio"/> 01 Physical Abuse <input type="radio"/> 02 Neglect <input type="radio"/> 05 Mental Injury <input type="radio"/> 08 Abandonment <input type="radio"/> 10 Threat of Harm <input type="radio"/> 06 Fatality <input checked="" type="radio"/> 09 Sexual Abuse/Exploitation
Date MO DY YR 4 13 88	TIME AM PM 2:00 PM	REFERRAL SOURCE-For Protective Service Referrals, write name, address and phone on back of form SCH
MEDIUM <input checked="" type="radio"/> PHONE <input type="radio"/> OFFICE VISIT <input type="radio"/> FIELD <input type="radio"/> MAIL	ADDRESS	

## FAMILY ADDRESSES (ICMB)

HOME ADDRESS	MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)
BLD/APT: STREET: CITY: Lake Oswego STATE: OR ZIP: COUNTY:	BLD/APT: STREET: A A A CITY: STATE: ZIP:
DIRECTIONS TO HOME:	

## CASE/FAMILY MEMBERS (ICMA/ICMC)

P/L	NAME	LAST	FIRST	MI	P/T	C-REL	SEX	ETH	DOB	SSN	W/R
A											I
S											I
AKA											
AKA											
AKA											
AKA											
AKA											
AKA											
AKA											
AKA											

## OTHER SIGNIFICANT PERSONS

	NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP
1.				
2.				

## SPECIAL PROJECTS (ICMB)

REFERRAL SOURCE CODE	PERSON TYPE (P/T)	RELATION TO CASE NAME (C-REL)	WHEREABOUTS (WHR)	SEX
AFS - AFS ANO - Anonymous CSD - CSD CLE - Clergy DAY - Day Care XSP - Ex-spouse FOS - Foster Parent FRI - Friend JUV - Juvenile Court MED - Medical NBR - Neighbor	OTH - Other PRO - Other Professional PAR - Parent POL - Police PSY - Psychologist/Psychiatrist REL - Relative SEL - Self SCH - School SOC - Soc. Serv. Agency VIC - Victim	AD - Adult AP - Absent Parent CH - Child CT - Caretaker GN - Guardian ANT - Aunt SEL - Case Name (Self) CHI - Child COU - Cousin XSP - Ex-Spouse GPA - Grandparent GCH - Grandchild INL - In-law LIV - Live-In Companion NEP - Nephew	NIE - Niece NOR - No Relation PAR - Parent SIB - Sibling STC - Step Child STP - Step Parent SPO - Spouse UNC - Uncle UNK - Unknown I - In Home (incl. Adoptive Home) A - Adopted D - Deceased H - Mental Hospital M - Military P - Penal Institution S - Substitute Care T - Juvenile Training School Z - Out of State C - Out of Country O - Out of Home - Other U - Unknown X - Other Hospital	M - Male F - Female U - Unborn

Note: Shaded areas indicate IIS input.



concerned bc Janina reporting molestation by father. During Junior high father would whisper, lie on top of her and fondle her through & over her clothes. He would breathe heavily and obviously be aroused. This stopped when she was in the eighth grade. Since then he has attempted to kiss her - girl has

ASSESSMENT DATE MO DY YR ADMIN. EXTENSION DATE MO DY YR INITIAL (ICMB) CHECK IF ASSESSMENT ONLY DATE CLIENT RECEIVED MO DY YR GRIEVANCE PROCEDURE NOTICE:

DISPOSITION (Summary Only):

Sex incident occurred 3 1/2 years ago - beyond statute of limitations. Jania did not want CPS involvement - had confronted mother & is working on her disturbance w/ this w/ therapist. Jania Linda Sherman.

PROTECTIVE SERVICES ONLY

CHILD IN DANGER

<input type="radio"/> A. Medical services <input type="radio"/> B. Perpetrator admission <input type="radio"/> C. Psychological evaluation <input type="radio"/> D. LEA investigation <input type="radio"/> E. CPS assessment	<input type="radio"/> G. Child unable/unwilling to provide consistent information <input type="radio"/> H. Conflicting/inconsistent information from witness, family, professional <input checked="" type="radio"/> I. Other <input type="radio"/> (N) Unfounded - Abuse/neglect did not occur.	FIRST CHILD CONTACT: MO DY YR AM PM FIRST PARENT CONTACT: MO DY YR AM PM (ICMB) Indicate the number of children placed in the following because of a CPS removal or hold. If no children were removed/hold, place an "X" by that selection. No removal/hold (NO) Hospital (HO) Relatives (RE) CSD shelter/foster (SF) Friends (FR) Other (OT)	Date Completed: MO DY YR REPORTED BACK TO REFERRAL: MO DY YR
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FAMILY STRESS INDICATORS (Maximum 5) (ICMB)			
<input type="radio"/> 01 Single parent <input type="radio"/> 02 Head of family unemployed <input type="radio"/> 03 New baby/pregnancy	<input type="radio"/> 04 Heavy child care responsibility <input type="radio"/> 05 Suspected drug/alcohol abuse <input type="radio"/> 06 Parental involvement with LEA	<input type="radio"/> 07 Physical abuse of spouse/fighting <input type="radio"/> 08 Parental history of abuse as child <input type="radio"/> 09 Recent relocation <input type="radio"/> 10 Inadequate housing	<input type="radio"/> 11 Social isolation <input type="radio"/> 14 Suspected Mental Illness <input type="radio"/> 15 Suspected Developmental Disability <input type="radio"/> 12 Other <input type="radio"/> 13 None

ABUSE DESCRIPTION (record P/L's for each injury) (ICMB)		SEXUAL ABUSE AND SEXUAL EXPLOITATION	
<b>PHYSICAL ABUSE</b> 20 Head injuries 21 Injuries to bone, muscle, cartilage, ligaments 23 Bruises/contusions/lacerations 24 Internal injuries 25 Burns/scalds 28 Shock 29 Drug affected infant 33 Poisoning 27 Other physical abuse	<b>MENTAL INJURY</b> 60 Scapegoating, humiliation, public ridicule, threats 64 Exposure to violence 65 Failure to promote parent/child attachment or bonding 66 Sensory deprivation, blinding, restraints, etc. 67 Deprivation of food/water and/or toilet facilities 68 Expectation beyond developmental capability/exploitation 69 Confusing child's sexual identity 73 Restriction of child's autonomy/learning 63 Other emotional abuse	40 Sexual contact (rape, sodomy, incest, sexual penetration, etc.) 42 Fondling (touching breasts, buttocks, genitals, etc.) 43 Sexual harassment/intimidation pressuring children for future sexual purpose 46 Uses of children to produce pornography 47 Allowing/permitting prostitution 48 Exposure and voyeurism 45 Other sexual abuse and exploitation	<b>FATALITY</b> 50 Deceased <b>ABANDONMENT</b> 90 Abandonment
<b>NEGLECT</b> 30 Lack of supervision and protection 31 Medical neglect 32 Failure to provide food, clothing 71 Inadequate shelter 80 Desertion 72 Other neglect	<b>THREAT OF HARM</b> 54 Physical abuse 55 Sexual abuse/exploitation 56 Neglect 57 Mental injury		

ALLEGED PERPETRATOR DESCRIPTION (ICMB)					* ALLEGED PERPETRATOR	
CHILD (Victim)	Relation To Victim	Age	Sex	Ethnic	NAME	ADDRESS
					NAME	ADDRESS
					Worker Signature	Date
ALLEGED PERPETRATOR'S RELATIONSHIP TO VICTIM		GRM - Grandmother		DCE - Day Care Center Employee		BAB - Baby Sitter
MOT - Mother		UNC - Uncle		IEM - Institution Employee		NFR - Neighbor/Friend
FAT - Father		ANT - Aunt		RCE - Residential Care Employee		UNK - Unknown Perpetrator
BRO - Brother		REL - Other Relative		TEA - Teacher		OTH - Other
SIS - Sister		EXL - Ex-Live-In Companion		VOL - Volunteer		

been able to stop him, and she has not harassed her for a long while. The cause to Will try to help Tania clarify the dates.

Tania is quite clear the last attempt occurred the beginning of her freshman year, 3 1/2 yrs ago.

Case name: Alver  
Case #: \_\_\_\_\_

Assessment & Disposition (continued)

Note to closed file:

2-28-90 Call from Janice Alver p.s. [REDACTED]  
@ [REDACTED] (or [REDACTED]) inquiring about  
ASEX reports 1987/1988. Wanted to know why  
not prosecuted.

Advised Janice that at time of reports  
last incident was beyond 3 year statute. Told  
her laws have changed. Suggested she contact  
LORD - Don Farmer to reopen investigation.  
Did not tell her who reported.

Written by: [Signature] Date: 2-28-90

Approved: \_\_\_\_\_



DAVIS WRIGHT TREMAINE

LAW OFFICES

2300 FIRST INTERSTATE TOWER • 1300 SW FIFTH AVENUE • PORTLAND, OR 97201-5682

(503) 241-2300

FAX: (503) 778-5299 • TELEX 185224

ROBERT D. NEWELL  
MEMBER OREGON AND CALIFORNIA BARS

October 8, 1992

Children's Services Division  
Clackamas Branch  
Davignon Hall  
P.O. Box 133  
Marylhurst, Oregon 97036

Enclosed is a release signed by Tania Culver authorizing and directing you to release any and all records concerning her to the undersigned. The release incorrectly spells her name "Tanya," but you will note that she has signed it with the correct spelling.

Please forward those records at your earliest convenience. Thank you for your cooperation in this matter.

Very truly yours,

DAVIS WRIGHT TREMAINE



Robert D. Newell

RDN:lmc  
Enclosure  
A:\CSD01.LTR

RELEASE

TO : CHILDREN'S SERVICES DIVISION  
RE : TANYA CULVER

TO WHOM IT MAY CONCERN:

This will serve to authorize and direct you to release to Robert D. Newell, Esq., Davis Wright Tremaine, 2300 First Interstate Tower, 1300 S.W. Fifth Avenue, Portland, Oregon 97201, any and all CSD records pertaining to reports of abuse of any kind which you have on file regarding me as the alleged victim.

DATED this 28 day of September, 1992.

Tanya Culver  
TANYA CULVER

Date of Birth: [REDACTED]

Social Security No.: [REDACTED]



DAVIS WRIGHT TREMAINE

LAW OFFICES

2300 FIRST INTERSTATE TOWER · 1300 SW FIFTH AVENUE · PORTLAND, OR 97201-5682

(503) 241-2300

FAX: (503) 778-5299 · TELEX 185224

ROBERT D. NEWELL  
MEMBER OREGON AND CALIFORNIA BARS

*Josephine  
Culver  
BB 98164*

November 6, 1992

Children's Services Division  
Clackamas Branch  
Davignon Hall  
P.O. Box 133  
Marylhurst, Oregon 97036

I wrote to you on October 8 enclosing a release of all records concerning Tania Culver. I have not heard from you since then and would like to know the status of my request.

If you will be responding to the request with records, I look forward to receiving those soon. If, for some reason, you are unable to provide the records, please notify me of your position on our request so that we may determine what alternatives may be available to us.

I look forward to hearing from you soon.

Very truly yours,

DAVIS WRIGHT TREMAINE

*[Signature]*  
Robert D. Newell

RDN:lmc  
A:\CSD02.LTR